

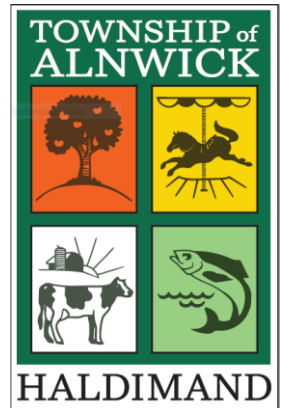


**Township of Alnwick/Haldimand**  
**Kindness Ambassador Application**

**Please complete and return this agreement to:**

Community Program Coordinator, Jennifer Steen  
 10836 County Road #2, Grafton, ON, K0K 2G0

Phone: 905-349-2822 ext.33 Email: [jsteen@ahwtp.ca](mailto:jsteen@ahwtp.ca)



Name of Applicant

Contact for Applicant (phone number or email)	Name of Nominee

Address of Nominee (certificate will be sent to this address)

Age of Nominee	Contact of Nominee (phone or email)

Please tell us why the Nominee should receive the Kindness Ambassador Certificate (250 words or less)
---

I have included an image/video that can be used on the Township on Alnwick/Haldimand's website and other official channels.	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

**YOUTH IMAGE WAIVER/MEDIA CONSENT**

I hereby authorize any images or video footage taken of my youth (under 18 years of age), in whole or in part, individually or in conjunction with other images and video footage, to be displayed on the Township of Alnwick/Haldimand Website and other official channels, and to be used for media purposes including promotional presentations.

I waive rights to privacy and compensation, which I may have in connection with such use of my youth's name and likeness, including rights to be written copy that may be created in connection with video production, editing and promotion therewith.

I am over 19 years-of-age and the parent or legal guardian of the youth, and I have read this waiver and am familiar with its content.

Parent / Guardian Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Youth's Name: \_\_\_\_\_

Date: \_\_\_\_\_